

County of Los Angeles Department of Mental Health

LPS DESIGNATION INITIAL APPLICATION FORM Please Print or Type

TO BE COMPLETED BY CANDIDATE'S SUPERVISOR (Failure to complete all items may result in the application not being processed).

Training ID (found on upper right | Date of requested training (Initial only)

corner of bullet	_ ,				Date of requested training (finitial only)					
☐ Initial Application			Training or testing date previously							
Renewal Application			completed (if applicable)							
County Employee Number (non-county employees supply the last four digits of the SSN)										
Candidate's Na	me									
Name of Agenc Program, or Ho				Job Title						
Resident Professional Staff with Admitting Privileges Professional Staff without County/DMH or Contracted Facility Staff Admitting. Privileges										
Work	City							Zip Co	odo	
Address				City				Zip Co	oue	
Work Telephone			Fax				E-mai	il		
List other facilities at which LPS designated (if applicable)										
Number of years experience as a licensed MH professional										
Length of time in LACDMH (County/Contracted) (in years) Length of time at facility/program (Private and County Contracted)										
Current job description of candidate which requires that he/she be designated (please check one) On -Site County clinic/County contracted clinic employee LPS Designated acute care hospital (inpatient) employee LPS Designated acute care hospital (inpatient) MD County clinic/County contracted clinic employee										
☐ LPT ☐ LCSW ☐ MFT ☐ RN ☐ PhD ☐ MD ☐ Unlicensed Resident										esident
Credential		Expiration Date:								
Cianatana af Ann		t that all	l statement	s made in	this application	n are t	rue an	d corre	ect	
Signature of App	Professional	Professional clinically in charge of Designated Facility, or Agency								
-	Print Name_									
Date										
	Signature									
This section to be completed after training and examination										
Test Score	Pass	Fail	Tes	t Date			Des	signatio	n Exp	piration (maximum)
DMH Medical Director Date										
	Patients' Rig Department of 550 S. Vermo Phone # (213 nation, for LPS D	Return Renewal Application to Patients' Rights Office Department of Mental Health – County of Los Angeles 550 S. Vermont Ave., 6 th Floor Rm. 604, Los Angeles, CA 90020 Phone # (213) 738-2716 FAX # (213) 365-2481 tion, for LPS Designation Training, or for LPS Designation Renewal. s designation. For employees eligible for designation, when training								
has been completed and a test score added, the application will be forwarded to the Medical Director's Office for final designation authority approval.										

Revised: 02/2007